

APPLICATION FOR REACTIVATION OF AN IOWA SALON

Iowa Board of Cosmetology Arts & Sciences

Iowa Department of Public Health/Professional Licensure Bureau

YOU MAY NOT PROVIDE ANY ASPECT OF COSMETOLOGY ARTS & SCIENCES SERVICES AT THIS ESTABLISHMENT UNTIL THIS LICENSE IS REACTIVATED

The **\$144.00** reactivation fee must accompany this completed application.

<p>1.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Name of Salon</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Owners Name</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Corporation Name (if applicable)</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Address of Salon</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>City</i> <i>State</i> <i>Zip</i> </div>	<p>2.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Salon License Number</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Telephone Number</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>E-mail Address (optional)</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Business Mailing Address (if different from the physical address)</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>City</i> <i>State</i> <i>Zip</i> </div>
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3. Name and address of every owner or partner of the salon.

[illegible]

4. Name and license number of every licensee practicing in the salon. Everyone providing services must have a current license. If there is a manager/supervisor, they must hold a current license.

[illegible]

Signature is required on page two

The following questions must be answered. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. Has the owner(s) of the salon ever:

5. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
6. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
7. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
8. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
9. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
10. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

11. _____
Name of owner of the salon (please print)

12. _____
Signature of owner of the salon

Date

13. _____
Name of manager/supervisor of salon (please print)

14. _____
Signature of manager/supervisor of salon

Date

For Office Use: Reactivation

Approved Date: _____ Denied Date: _____ Staff Initials: _____ Reactivation Date: _____

Instructions/Checklist for reactivation

The following is a list of the supporting documents and fees required for reactivation. It is the applicant's responsibility to see that all required documents and fees reach the board office.

- ☐ Non-refundable fee of **\$144.00**. *Check must be made payable to the Iowa Board of Cosmetology Arts & Sciences.*
- ☐ Complete and sign the application in ink.
- ☐ If you answer "yes" to questions 5 through 10:
 1. Attach a signed letter of explanation providing the details of the incident.
 2. Attach a copy of any court ordered evaluations, showing completion and recommendations.
 3. Attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement.

Select the type of business:

- ☐ C & S Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Professional Corporation
- ☐ Sole Proprietorship

☐ If and when this salon is CLOSED, you are required to return the original salon license certificate to the board office. Write CLOSED on the back side of the certificate, along with the CLOSED date.

645—65.2 (157,272C) **Grounds for discipline**. The board may impose any of the disciplinary sanctions provided in rule 645—65.3(157,272C) when the board determines that any of the following acts or offenses have occurred:

65.2(25) Failure to return the salon license to the board within 30 days of discontinuance of business under that license.

65.2(26) Representing oneself as a licensed entity when one's license is on inactive status.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the original completed application, not a photocopy to:

Iowa Board of Cosmetology Arts & Science
IDPH/Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
Des Moines, Iowa 50319-0075

www.idph.state.ia.us/licensure

<https://ibplicense.iowa.gov>